

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039621

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 264 Primary Registration District No. 5888 Registrar's No. 46

FILED OCT 24 1962

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Big Creek Twp</u>		c. CITY OR TOWN <u>Longrun</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home Longrun Mo</u>		d. STREET ADDRESS (If outside, give location) <u>Big Creek Twp</u>	
3. NAME OF DECEASED (Type or print) First <u>Floyd</u> Middle <u>W</u> Last <u>Wallace</u>		4. DATE OF DEATH Month <u>Oct</u> Day <u>9</u> Year <u>1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-12-1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own</u>	
11a. FATHER'S NAME <u>David Wallace</u>		11b. MOTHER'S MAIDEN NAME <u>Mrs. Sallee</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		12b. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cancer of the lungs</u>		13. BIRTHPLACE (City and state or country) <u>Hammond Mo.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		14. NAME OF HUSBAND OR WIFE <u>Bessie N. Lee Wallace</u>	
DUE TO (b) _____		15. INFORMANT <u>Mrs. Floyd Wallace Longrun</u>	
DUE TO (c) _____		16. ADDRESS <u>Longrun</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____		
21. I attended the deceased from <u>May 31, 1962</u> to <u>Oct. 9, 1962</u> and last saw her alive on <u>Sept 10, 1962</u>			
Death occurred at <u>7:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>DO</u>		22b. ADDRESS <u>Gainesville, Mo.</u>	
22c. DATE SIGNED <u>10/13/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>10-12-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Thornfield</u>	23d. LOCATION (City, town, or county) (State) <u>Thornfield Mo.</u>
24. FUNERAL DIRECTOR <u>Chas King</u> ADDRESS <u>Gainesville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 15, 1962</u>	
		26. REGISTRAR'S SIGNATURE <u>Barbara Shaw</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

OCT 30 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John R. Urrey

Licensed Embalmer No.

2885

P. O. Address

Camden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.